

**CLAIMS ONLY**

Application Number

09-990792

**Fitting Date**

Filing Date: 83-05

**Applicant(s)**

\* May be used for additional claims or amendment.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep.	Depend	Indep	Depend
1						
2						
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40						
41						
42						
43						
44						
45						
46	1					
47		1				
48		1				
49						
50						
Total Indep	6					
Total Depend	34					
Total Claims	40					